

Government of India
BHABHA ATOMIC RESEARCH CENTRE
[Medical Division]

BARC Hospital,
Anushaktinagar,
Mumbai – 400094

**Appointment of Part-time Consultants in the Specialities of Rheumatology and
Audiology/Speech Therapy in B.A.R.C. Hospital**

BARC Hospital would like to appoint Part-time Consultants as per the details given

below:

Sr.No.	Requirement	Rheumatology	Audiology/Speech Therapy
1.	Qualification	MD/DNB (General Medicine from Institute recognized by MCI	M.Sc. with 60% marks in Audiology/Speech Therapy
2.	Experience	Preferably with 7-10 years of experience in the field of Rheumatology in a Teaching Institute. Should be willing to see our Indoor patients and willing to give opinion on phone as and when required	6 months work experience
3.	No. of posts	One	One
4.	Age	Not more than 40 years as on 01.01.2013 – Relaxable in deserving cases	Not more than 35 years as on 01.01.2013 – Relaxable in deserving cases
5.	Visiting hours	3 hours each on two days in a month	6 hours on Friday and Saturday (3 hours visit in morning & afternoon)
6.	Honorarium	Rs. 475/- per hour Plus Incidental expenses of Rs.250/- per visit subject to maximum of Rs.2000/- per month	Rs. 400/- per hour Plus Incidental expenses of Rs.250/- per visit subject to maximum of Rs.2000/- per month

The Selection will be made by the Committee on the basis of the CV/Bio-data submitted, Recommendations of the Competent Body and approval of the Competent Authority in BARC.

Applications in the prescribed format may be forwarded to Administrative Officer-III, Medical Division, BARC Hospital, Anushaktinagar, Mumbai – 400094 on or before 25th February, 2013.

Encl: format of application.

CURRICULUM VITAE / BIO-DATA
For Audiologist/Speech Therapist

Photograph

1. NAME IN FULL : _____

2. DATE OF BIRTH : _____

3. RESIDENTIAL ADDRESS : _____

WITH TELEPHONE NO. : _____

E-mail ID : _____

4. CLINIC ADDRESS : _____

: _____

5. QUALIFICATION WITH : _____
DATE OF ACQUIRING
THE SAME _____

6. EXPERIENCE : _____

(Post BSc & Post MSc : _____

Experience should be _____

Indicated separately) _____

(a) TEACHING EXPERIENCE : _____

(b) CLINICAL EXPERIENCE : _____

: _____

7. PAPER PRESENTATIONS : _____
(IF ANY)
8. PUBLICATIONS ETC. : _____
9. ANY OTHER INFORMATION: _____

Encl: Attested copies of Educational Qualification,

Experience And valid Registration

(Signature)

CURRICULUM VITAE / BIO-DATA For Rheumatologist

Photograph

1. NAME IN FULL : _____
2. DATE OF BIRTH : _____
3. RESIDENTIAL ADDRESS : _____
- WITH TELEPHONE NO. : _____
- E-mail ID : _____
4. CLINIC ADDRESS : _____
: _____
5. QUALIFICATION WITH : _____
DATE OF ACQUIRING
THE SAME _____
6. EXPERIENCE : _____

(a) TEACHING EXPERIENCE : _____

(b) CLINICAL EXPERIENCE : _____

7. PAPER PRESENTATIONS : _____
(IF ANY)

8. PUBLICATIONS ETC. : _____

9. ANY OTHER INFORMATION: _____

Encl: Attested copies of Educational Qualification,

Experience And valid Registration

(Signature)